ROUTING AND RECORD SHEET

DD/A Registry
83-4592/1

SUBJECT: (Optional)
Transfer of Safety Staff to OMS

FROM:
Director of Medical Services

EXTENSION

NO.

DATE
28 October 1983

TO: (Officer designation, room number, and building)	DATE RECEIVED	DATE FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. Acting Deputy Director for Administration	28 OCT 1983	31 OCT 1983		Jim - I think this is a well thought-out presentation. Let's see what [redacted] presents. [redacted] STAT
2. EO/DDA	1 NOV 1983			To S - [redacted] STAT proposes his plan for tomorrow
3. DDA				[redacted] STAT
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DD/A REGISTRY
FILE: 12-1

FORM 610 USE PREVIOUS EDITIONS
1-79

83-4592/1

28 October 1983

MEMORANDUM FOR: Acting Deputy Director for Administration

FROM: Robert A. Ingram, M.D.
Director of Medical Services

SUBJECT: Transfer of Safety Staff to OMS

1. With regard to our telephone conversation today, attached is our view of the advantages of the Safety Staff being incorporated into the Office of Medical Services.

2. We are still looking at how this might best be done. A paper will follow at a later date.

STAT

Robert A. Ingram, M.D.

Attachment

SUBJECT: OMS Comments on the Relative Merits of Relocating the Safety Staff from the Office of the DDA to OMS

1. The Office of Medical Services views the question of relocating the Safety Staff as involving principally three central issues:

a. That through the organizational placement of the Safety Staff, extant Agency safety and health resources be most effectively and efficiently utilized.

b. That this placement not limit the ability of Agency safety and health officers to obtain additional resources when necesary to adequately protect Agency employees from demonstrated occupational risks.

c. That the cross-Directorate clout with which safety and health programs are now enforced be protected.

The relationship of each of these three central issues to a possible move by the Safety Staff to the Office of Medical Services is addressed below.

2. Effective application of extant resources. As presently administered, the Agency's safety and health resources are divided between OMS and the Safety Staff. While working relations between these two components are good, this fragmentation of resources of necessity has several disadvantages:

a. The effective application of safety and health expertise in many instances involves several specialists from both the Safety Staff and the Office of Medical Services. Often this should include industrial hygienists from Safety, occupational physicians or nurses from CAD or EH/PMO, and ergonomic psychology specialists from PSD. As presently configured, these resources are not well situated for the close cooperation which often is necessary, and as a result redundant consultations take place, or sub-maximal expertise is brought to bear. This problem has no simple solution so long as the present division of labor exists.

b. The arbitrary distinction which makes one major component responsible for the health hazards of an area, and another unrelated component responsible for the health of the workers in the area is understandably confusing to many employees who may be referred back and forth. The closely related functions of OMS and Safety further encourage an initially contacted but "inappropriate" component to undertake remedial action best dealt with by the other.

c. On the other hand, as a practical matter both OMS personnel in the field and Safety Staff personnel on trips abroad regularly encounter relatively straightforward questions relating to both health and safety under circumstances where it is appropriate for them to offer advice--even though it is not technically in "their" field. Medical department personnel in particular are regularly asked questions about perceived environmental hazards. Failure to integrate safety and health functions in the Agency has discouraged the exchange of information which would allow both medical and safety personnel to deal well with limited problems of this sort outside their normal sphere. A fuller integration of these offices would allow some cross-training which could extend the effective resources of both.

d. Presently both the Safety Staff and the Office of Medical Services collect health and safety statistics of a related nature. There is little coordination of this effort, even though the implications of such data may well extend to both "safety" and "health" programs. The offices are simply responding to different external and internal requirements, and largely applying whatever findings emerge only within their own programs. In the future, personnel monitoring programs inevitably must be expanded to include new environmental data, some of which will be added to the individual medical records of many employees. None of the foregoing can be as efficiently accomplished by separate offices as by a single component with total responsibility for such monitoring

3. Acquisition of new resources. Relocating Safety from the Office of Security to its present location clearly enhanced its ability to acquire the resources needed to accomplish its mission. Because C/Safety Staff has direct access to the DDA, a hearing of Safety Staff concerns is assured. There is some grounds for apprehension that this access will be lost should the Safety Staff be transferred into OMS. Several points can be made:

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a. While the C/Safety Staff will indeed be one person removed from the DDA under the proposed arrangement, the safety and health program will not be so removed. Unlike the early arrangement in which Safety was placed under an Office of Security which had no other safety/health responsibility, the proposed move would place Safety within an office whose charter is largely to protect the health of Agency employees. Safety staff concerns thus would be as central to the reporting of D/MS as they are presently to the reporting of C/Safety Staff. It is therefore the C/Safety Staff whose access to the DDA would be changed, and not the safety and and health program itself.

b. To the extent that the DDA remains committed to the support of the Safety Staff function, its placement in OMS should add no new impediment to acquiring necessary resources and the success of its programs. Indeed, if a future DDA were less supportive than is presently the case, the Office status of OMS might well be expected to garner more support for Safety Staff programs than Safety could achieve on its own.

4. Inter-Directorate clout. There is a possibility that the clout, or perceived clout, of the Safety Staff might be lessened by removing it from its present position.

a. To some extent this concern reflects the marked contrast between the Safety Staff's current highly visible location and its previously obscure placement in Security. By contrast to the Security heritage, however, comparable divisions within OMS already have--and regularly exercise--the authority to determine assignability of employees to various environments as a function of their health and the relative risks involved. Where clear health risks can be demonstrated, therefore, OMS already has the clout Saftey may have percieved itself as having acquired in its current location.

b. Clout as manifest in the ability of Safety to mandate some moderately costly remedial action is also dependent on the attitude of the DDA and other Directorates toward Safety. With appropriate DDA and D/MS support, it is doubtful that relocating Safety would make much difference on this point.

5. In summary, from the viewpoint of OMS there are a number of practical advantages to incorporating the safety and health function of the Safety Staff into the broader health responsibilities of the Office of Medical Services. The

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functions of the two offices, in our view, should be more closely integrated than will ever be possible under the current organizational arrangement. The disadvantages of such a move are primarily hypothetical, and there are persuasive counter arguments to the notion that these potential disadvantages will materialize.

Options in the organizational placement of Safety Staff within OMS

1. There are three basic options for incorporating Safety Staff into OMS

   A. Safety Staff can be transferred as is into OMS as an entirely separate entity reporting to D/MS. The present structure of Safety would be unchanged, with the incumbents remaining as Chief and Deputy Chief of a Safety Staff or Division within OMS. The Health Officer (currently EH&PMO) function would not be part of this unit.

   B. Safety Staff can be placed under EH&PMO as a new Safety Division with EH&PMO as the division chief and the current C/Safety Staff as the deputy chief. The current DC/Safety Staff would become executive officer of this division or rejoin the staff. If there is active leadership on the part of the EH/PMO, there could be some integration of safety and medical function along the lines proposed previously. If there is not active leadership, this will be organizationally similar to Option A, albeit with greater frustration on the part of Safety personnel.

   C. Safety Staff can be placed in the Clinical Activities Division (perhaps redesignated Occupational Health Division) with the current C/Safety Staff functioning as one of two division deputies (the other being responsible for clinical activities). This would maximize the integration of all related safety and health functions, while also retaining the basic autonomy of the Safety Staff in a way similar to Option A. Under this arrangement, however, the EH&PMO function would remain as projected prior to Safety transferring to OMS, which may be organizationally awkward unless this function were redirected into a senior staff advisory role of somewhat different scope.

2. The most obvious short term solution has seemed to be Option B. Office factors that extend beyond this perspective may argue in favor of either Options A or C. The preferable option is therefore potentially different depending on the goals felt important.